

VIRGINIA MARTIAL ARTS CENTER
WINTER SPIRIT CAMP

REGISTRATION FORM

January 29 – January 31, 2010
Kill Devil Hills, NC

Name of Attendee: _____
(Last) (First)

Style: _____ Rank: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone: _____ Birthdate: _____ Age: _____

E-Mail: _____

Parents (if under 18): _____

Name of Dojo: _____

Dojo Address: _____

City: _____ State: _____ Zip: _____

Instructor's Name: _____ Rank: _____

Attending Banquet (circle): Yes No Number of Additional People Attending: _____

T-Shirt Size: Ch-M Ch-L Sm Med Lg X-Lg XX-Lg

Payment Option #: _____ Amount Paid: _____

Payment Method: (Circle One) Check Money Order Visa/MC

Card #: _____ Expires: _____

Cardholder's Name: _____

Make Check or Money Order payable to Virginia Martial Arts Center.

I, (We), make application for training in this Martial Arts Seminar, sponsored by Budoka Enterprises, Inc. T/A Virginia Martial Arts Center, and upon acceptance, I (We), sincerely pledge to obey all rules and regulations, which are set up for the purpose of keeping order in this Seminar, sponsored by Virginia Martial Arts Center, and for the protection of the participants from injury. I, (We), recognize that a risk is involved in the Martial Arts that requires my adherence to these rules and regulations and the Instructor's discipline. I, (We), release and forever discharge the sponsor, Virginia Martial Arts Center, including it's branch Club associates, it's teachers, instructors, guest instructors, agents, members, employees, officers, representatives, successors, and all officials of the sponsor, Virginia Martial Arts Center, and assigns, from all claims, actions, demands, Suits of Law, or in equity whatsoever which I, (We), my (our) heirs, executors, administrators or assigns, may have against said sponsor Virginia Martial Arts Center by reason of any and all known and unknown injuries, disabilities, diseases, damages, any physical, mental and emotional damages, or death, losses and expenses sustained by me (or my child) or any heirs, executors, administrators, as a result of any accident while engaged in any physical activity, exercise, training practice, contests, clinics, promotional examinations, demonstrations, games, trips, recreation, or traveling to or from any of the aforementioned, and/or any individual acting as instructor and/or representing the sponsor Virginia Martial Arts Center. I, (We), further acknowledge and agree that any medical, dental, hospital, or other expenses which may be incurred by me or anyone acting in my behalf in connection with any accident as aforesaid, becomes and is my sole and separate obligation and responsibility. I, (We), waive any compensations and rights for any materials, such as photographs, tapes (Video/Audio), likenesses, trophies, etc., used by the sponsor Virginia Martial Arts Center for publication and/or publicity. I, (We), agree and promise to uphold all the rules and regulations adopted by the sponsor Virginia Martial Arts Center which are to be considered part of this Agreement/Application just the same as if said rules and regulations were set out at length in this Agreement/ Application. I, (We), understand that this Agreement/Application must be approved. I, (We), also understand that no representations or statements except herein contained shall be binding.

DATE: _____

Printed Name of Applicant

Printed Name of Parent/Guardian if under 18

Signature of Applicant

Parent/Guardian if under 18